



# Treatment Outcome Measures Report

## 2007

### Overview

The Utah Division of Substance Abuse and Mental Health (DSAMH) is pleased to publish the 2007 Utah Substance Abuse Treatment Outcome Measures Report. The purpose of this report is to provide government officials, treatment centers, consumers, and family members with information that will lead to improvements in the management and performance of our programs and make the most of the limited dollars available. The findings of this report are also used to provide the Federal Government with outcome data for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

### Addiction

Drug addiction is a complex but treatable disease. It is characterized by compulsive drug craving, seeking, and use that persist even in the face of severe adverse consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. Relapse to drug abuse occurs at rates similar to those for other well-characterized, chronic medical illnesses such as diabetes, hypertension, and asthma. As a chronic, recurring illness, addiction may require repeated treatments to increase the intervals between relapses and diminish their intensity, until abstinence is achieved. Through treatment tailored to individual needs, people with drug addiction can recover and lead productive lives (NIDA).

### Addiction Treatment

The ultimate goal of addiction treatment is to enable an individual to achieve lasting abstinence, but the immediate goals are to reduce drug abuse, improve the patient's ability to function, and minimize the medical and social complications of alcohol and other drug

use. Like people with diabetes or heart disease, people in treatment for alcohol and other drug disorders will need to change behavior to adopt a healthier lifestyle (NIDA).

### Utah's Public Treatment System

DSAMH is the Single State Authority for public substance abuse and mental health programs in Utah, and is charged with ensuring that prevention and treatment services are available throughout the State. As part of the Utah Department of Human Services (DHS), DSAMH receives policy direction from the State Board of Substance Abuse and Mental Health, which is appointed by the Governor and approved by the Utah State Senate. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services. (See the Utah Substance Abuse Treatment Outcome Measures Scorecard for a list of current providers.)

DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, the review of local area plans, and review of program outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders. DSAMH also supervises administration of the Utah State Hospital.

### Local Authorities

Under Utah law, local substance abuse and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties in Utah, and 13 local authorities. Some counties have

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joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. Some local authorities contract with community substance abuse and mental health centers to provide comprehensive services. Local authorities receive state and federal funds to provide services. In addition, they are also required by law to match a minimum of 20% of the state general funds appropriated by the Utah State Legislature.

## Data Collection

The data used to prepare this report is submitted to DSAMH by the 13 local authorities. The data represents the providers, and is their written record of service activity to date based on the current reporting quarter for any given year. DSAMH encourages providers to conduct periodic audits throughout the year and submit corrections as needed.

DSAMH collects and reports the national outcome measures (NOMs) to the Substance Abuse and Mental Health Services Administration (SAMHSA). The NOMs were developed in collaboration with the States. As noted by the National Governors Association in Public Health Services Policy (HHS-04), the goal of NOMs is to “... improve service efficiency and effectiveness through the use of indicators of accountability and performance.” The NOMs are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities.

The NOMs domains and their associated outcome measures are as follows:

- Reduced Morbidity (abstinence from drug and alcohol use)
- Employment/Education (getting and keeping a job or enrolling and staying in school)
- Crime and Criminal Justice (decreased criminality and incarcerations)
- Stability in Housing (increased stability in housing)

- Social Connectedness (family communication about drug use, increasing social supports and social connectedness)
- Access/Capacity (increased access to services/increased service capacity)
- Retention (for substance abuse—increased retention in treatment)
- Perception of Care (or services)
- Cost Effectiveness
- Use of Evidence-Based Practices

In fiscal year 2007, DSAMH implemented a new and much more accurate data reporting system, which has allowed us to measure outcomes for the entire treatment episode rather than each treatment modality. As a result outcomes may not be directly comparable to the prior fiscal year.

## Results:

- The Median Length of Stay for clients receiving Residential Services increased significantly from fiscal year 2006 to fiscal year 2007 from 25 days to 61 days respectively and increased as well for Intensive Outpatient Services from 69 days in fiscal year 2006 to 80 days in fiscal year 2007. Length of Stay for Outpatient increased only slightly from 98 days in fiscal year 2006 to 100 days in fiscal year 2007, however, continues a positive trend to increase the duration in treatment and improve patient outcomes.
  - The percentage of clients abstinent from alcohol and drug use is significantly below the national average and there was a slight decline in the percent of clients successfully completing treatment
  - In Utah, 35.6 percent of clients were employed full/part time at admission and 41.8 percent were employed at discharge, a 17.4 percent increase. This is an increase over fiscal year 2006 and is above the national average increase of 10.7%.
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- In Utah, 30 days prior to admission, 41.2 percent of clients had been arrested, while only 9.9 percent were arrested 30 days prior to discharge. This represents a 76.0 percent decrease, which exceeds the national average of 70.4%.
  - The tracking of unique (unduplicated) clients served was significantly improved in fiscal year 2007 with the implementation of new technology and reporting capability. As a result, the reported number of unique clients served has decreased significantly due to reporting accuracy.
  - Additionally, the National Outcome Measure requires that abstinence from alcohol and drugs be reported separately. These two measures were combined in fiscal year 2006, therefore trending these measures is not available until fiscal year 2008.

### **Recommendations:**

DSAMH recognizes that the outcome measures listed on the scorecard are not the only measures of performance.

- Local Authorities and their providers should work to reduce the number of data items reported as unknown and ensure that all corresponding records for a treatment episode are reported.
- Local Authorities and their providers should understand that Length of Stay is calculated based on the last date of contact and encourage

clinicians to promptly complete the discharge information and ensure that all outcome measure related items are completed and contain valid data.

- Length of stay has repeatedly been linked to successful outcomes including increased abstinence, improved employment and social functioning and decreased involvement in the criminal justice system. While the length of stay in outpatient and intensive outpatient treatment is improving, continued efforts are needed to further increase clients' engagement in treatment, which will lead to improved treatment completion rates and better outcomes
- Due to the importance of the outcome measures, Local Authorities should work to ensure that all levels of provider staff understand the importance of accurate and consistent data collection and reporting. Because of the differences in clinical and data reporting language, and the turnover of staff, training in data set definitions should be frequent enough to maintain a high level of accuracy.

### **Summary:**

DSAMH recognizes that collection of outcome measure data is a tremendous undertaking, and that accuracy will continue to improve over time. DSAMH is committed to accountability and encourages attention to accurate data reporting. Results will be made available for general release and also used in our monitoring program to evaluate program effectiveness.

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# Utah Substance Abuse Treatment Outcome Measures Scorecard

December 13, 2007

	Admissions (Initial and Transfer)				Number of Clients Served		Median LOS (Days) Residential		Median LOS (Days) Intensive Outpatient		Median LOS (Days) Outpatient		Number of Final Discharges, excluding Detox		Percent Completing Treatment Episode Successfully		Alcohol Abstinence - Percent increase in those reporting abstinence from admission to discharge		Drug Abstinence - Percent increase in those reporting other drug abstinence from admission to discharge		Decreased Homelessness - Percent decrease in homeless clients admission to discharge		Increased Employment - Percent increase in those employed full/part time from admit to discharge		Decreased Criminal Justice Involvement - Percent decrease in number of clients arrested prior to admission to prior to discharge	
	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07	FY06	FY07
LSAA																										
Bear River	1,575	1,543	1,570	1,511	128	0	250	189	127	107	1,071	985	59.9%	59.7%	21.3%	12.4%	12.4%	5.5%	-200.0%	5.5%	9.1%	99.0%	99.8%	99.8%	99.8%	99.8%
Central Utah	255	314	428	380	n/a	n/a	n/a	n/a	106.5	149	84	214	44.0%	37.4%	80.3%	64.0%	64.0%	0.0%	0.0%	0.0%	1.9%	9.3%	69.5%	69.5%	69.5%	69.5%
Davis County	589	1,050	864	1,037	75.5	29	71	188.5	110	110	229	541	59.8%	51.4%	31.6%	23.1%	23.1%	0.0%	*	0.0%	4.6%	15.8%	74.5%	74.5%	74.5%	74.5%
Four Corners	576	722	698	695	0	n/a	86.5	88	84	64.5	468	420	34.2%	40.5%	31.1%	20.2%	20.2%	3.5%	0.0%	3.5%	6.2%	71.9%	64.6%	64.6%	64.6%	
Northeastern	389	353	496	362	n/a	n/a	195	121	112	21	61	202	83.6%	51.5%	52.2%	57.1%	57.1%	0.0%	0.0%	0.0%	0.3%	80.1%	70.6%	70.6%	70.6%	
Salt Lake County	10,754	9,096	8,642	6,947	44	66	64	75	94	99	4,558	3,744	51.9%	48.1%	16.9%	40.3%	40.3%	32.3%	19.2%	32.3%	36.8%	85.6%	65.6%	65.6%	65.6%	
San Juan County	52	13	94	19	n/a	n/a	n/a	645	333	147	11	14	27.3%	57.1%	166.8%	80.1%	80.1%	150.0%	0.0%	150.0%	16.6%	100.0%	50.1%	50.1%	50.1%	
Southwest Center	465	463	513	349	58	71	95	95	114	236.5	257	201	49.0%	47.3%	30.7%	67.5%	67.5%	39.7%	50.8%	2.2%	-3.9%	34.8%	55.9%	55.9%	55.9%	
Summit County	203	219	317	305	n/a	n/a	n/a	n/a	10.5	45.5	174	223	69.0%	69.1%	16.5%	12.3%	12.3%	100.0%	100.0%	-5.2%	14.7%	95.7%	89.1%	89.1%	89.1%	
Tooele County	306	243	450	404	327	0	n/a	n/a	110	79	274	263	51.8%	47.9%	96.8%	74.4%	74.4%	-36.4%	100.0%	17.5%	15.9%	89.3%	82.3%	82.3%	82.3%	
Utah County	1,943	1,862	1,602	1,265	25	25	28	31	28	33.5	998	658	64.4%	57.8%	20.6%	56.7%	56.7%	80.0%	34.1%	-12.8%	5.5%	100.0%	84.5%	84.5%	84.5%	
Wasatch County	140	91	241	120	n/a	n/a	28	15	58	41.5	87	51	60.9%	58.8%	44.6%	5.1%	5.1%	-100.0%	20.4%	-100.0%	10.6%	77.7%	88.6%	88.6%	88.6%	
Weber Human Services	1,423	2,003	1,745	1,796	20.5	51	63	104	129.5	130	1,124	1,008	55.2%	51.0%	12.1%	22.2%	22.2%	-31.8%	4.3%	46.3%	13.3%	11.2%	45.5%	45.5%	45.5%	
State Average/Total	18,670	17,972	17,660	16,469	25	61	69	80	98	100	9,396	8,524	53.7%	49.6%	25.9%	55.3%	55.3%	18.2%	18.0%	16.0%	17.4%	80.9%	76.0%	76.0%	76.0%	
National Average															44.0%	62.9%	62.9%	26.3%	28.0%	14.3%	10.7%	67.6%	70.4%	70.4%	70.4%	

Green = 90% or greater of the National Average.

Yellow = Greater than or equal to 75% to less than 90% of the National Average.

Red = Less than 75% of the National Average.

\* No one homeless at admission so no opportunity for change.

\*\* No one reported at discharge.

n/a = no clients reported/hot applicable to incarcerated population.

Decreased Use and Completing Modality Successfully are not national measures and are not scored.

State Total for Clients Served is an unduplicated client count across all modalities and is not a sum of the clients served for the providers listed.

Clients served for FY07 will be lower than FY06 due to change in reporting system which provides more accurate numbers.

Final Discharges reported for FY2006 are by treatment modality and for FY2007 they are by treatment episode.

Abstinence, Homelessness, Employment, Criminal Justice are all percentage increase/decrease. This is calculated as difference between the percent at admission and the percent at discharge divided by the admission percentage.

Specific percentages are calculated as follows using FY discharges, excluding assessment only, limited treatment, and detox clients. Valid data does not include unknown or missing:

Abstinence from Alcohol or Drug:

# Abstinent from alcohol (or drugs) 30 days prior to admission regardless of primary problem/Total # with valid substance data.

# Abstinent from alcohol (or drugs) 30 days prior to discharge regardless of primary problem/Total # with valid substance data

Homelessness:

# homeless at admission/Total # with valid living arrangement data

# homeless at discharge/Total # with valid living arrangement data

Employment:

# unemployed at admission/Total # with valid employment data

# unemployed at discharge/Total # with valid employment data

Criminal Justice:

# arrested 30 days prior to admission/Total # with valid arrest data

# arrested 30 days prior to discharge/Total # with valid arrest data

Length of Stay:

Calculated from admission date to date of last contact. Median for all client modalities excluding detox.